

## Liability Waiver Form Adventure Programs & Education

*Program Activity:* \_\_\_\_\_

In consideration for receiving permission to use equipment and participate in Outdoor Recreation Programs, I agree for myself, my heirs, assigns, executors, administrators, personal representatives, and derivative claimants, that my participation in Outdoor Recreation Programs be undertaken at my own risk, and that Outdoor Recreation Programs, the MWR Program, the 7<sup>th</sup> Infantry Division and Fort Carson, the Department of the Army, the government of the United States, and its officers, agents, and employees, whether acting officially or otherwise, shall not be liable for any claims, demands, injuries, damages, actions or causes of action which arise wholly or partially due to the negligence of the entities above, arising out of or in connection with my participation in Outdoor Recreation programs, to include use of equipment provided by Outdoor Recreation Programs.

I understand that there are risks and dangers inherent in all outdoor recreation activities, including, but not limited to rock climbing, ice climbing, skiing, mountain biking, snow shoeing and white water rafting. I am aware that the use of equipment relating to these **activities** can be **hazardous**, involving inherent and other **risks of personal injury, property damage, and death**. I understand and agree that by signing this release I am assuming full responsibility for any and all risk of death or personal injury or property damage suffered by me while participating in Outdoor Recreation Programs.

I understand and agree that by signing this release, I am to release, indemnify, and hold harmless Outdoor Recreation Programs, the MWR Program, the 7<sup>th</sup> Infantry Division and Fort Carson, the Department of the Army, the government of the United States, and its officers, agents and employees from any and all liability or costs, including attorney fees, associated with or arising from my participation in Outdoor Recreation Programs and equipment provided by Outdoor Recreation Programs.

I agree to allow the Outdoor Recreation Program to utilize any photograph taken from my participation in any Outdoor Recreation program for promotional purposes. \_\_\_\_\_ (Initial)

<b>Name (Print):</b> _____	<b>Signature:</b> _____	<b>Date:</b> _____/_____/_____
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<b>Signature of Parent/Guardian (participant under 18):</b> _____	<b>Date:</b> _____/_____/_____
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☐ Please check if you DO NOT want to receive information regarding Outdoor Recreation programs.

## Outdoor Recreation Programs

### Medical History Release Form

The following information has been requested by the staff of Outdoor Recreation Programs in order to assist you in a safe and timely manner in the event that a medical emergency should occur and to express the seriousness of participating in adventurous activities. All requested information is vital and should be answered honestly. Thank you for your cooperation.

#### General Information:

Name: \_\_\_\_\_ M or F (circle one) Age: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
Street City State Zip Work Phone: ( ) \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone of Contact: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

#### Medical Information:

Allergies (including food, bites, stings, and medicines): Yes or No

If yes, please list below:

<i>Allergy</i>	<i>Reaction</i>	<i>Medication Required</i>
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_____	_____	_____
_____	_____	_____

Currently taking any Medication (including over-the-counter drugs): Yes or No

If yes, please list below:

<i>Medication</i>	<i>Condition</i>	<i>Dosage (amount/dosage)</i>	<i>Side Effects</i>
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_____	_____	_____	_____
_____	_____	_____	_____

#### Health Profile:

Yes or No 1. Pregnant? \_\_\_\_\_

Yes or No 2. History of seizures? \_\_\_\_\_

Yes or No 3. Neck/Back/Shoulder/Elbow/Wrist/Knee/Ankle Problems? \_\_\_\_\_

Yes or No 4. History of heart problems? \_\_\_\_\_

Yes or No 5. Diabetic or Asthmatic? \_\_\_\_\_

Yes or No 6. Other medical issues that should be noted? \_\_\_\_\_

#### Signature Required:

In signing this form, you are stating that you give permission to receive any medical treatment necessary. Any information disclosed within this form or with Outdoor Recreation Staff will remain confidential. Failure to disclose medical information could result in serious harm to you and other participants.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Any participant under 18 must have a Parent or Guardian present to sign as well:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_